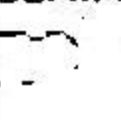
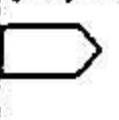


CLAIMANT'S NAME Joan E. Denton, Ph.D.				SSN OR EMPLOYEE NUMBER				DEPARTMENT OEHHA						
POSITION Director			CB/ID NUMBER N/R		DIVISION OR BUREAU Executive Office				INDEX NUMBER 1000					
RESIDENCE ADDRESS (See Work Address)				HEADQUARTERS ADDRESS 1001 I Street				TELEPHONE NUMBER (916) 322-6325						
CITY Sacramento		STATE CA	ZIP CODE 95814		CITY Sacramento		STATE CA	ZIP CODE 95814						
(1) MONTH/YEAR July 09		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)				BREAK-FAST	LUNCH	O.T./LT, NC, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES			AMT
7/27	5:00	Sacramento, CA to DC	215.37	6.00	10.00	18.00			A/B	2.10		1.00	252.47	
7/28	22:56	DC to Sacramento, CA		6.00	10.00	14.23	6.00		A/T	17.00			53.23	
(10) SUBTOTALS			215.37	12.00	20.00	32.23	6.00	0.00	0.00	19.10	0.0	0.00	1.00	305.70
CLAIM TOTAL											\$	305.70		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 7/27-7/28/09 To Washington, DC to meet with Grocery Manufacturer's Association on the Proposition 65 draft food warning regulation.														
(12) NORMAL WORK HOURS 0800 - 1700			AGENCY ACCOUNTING OFFICE USE ONLY											
(13) PRIVATE VEHICLE LICENSE NO														
(14) MILEAGE RATE CLAIMED														
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER														
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.														
CLAIMANT'S SIGNATURE 			DATE 8/27/09		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 							DATE		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)											DATE			